

STATE OF TENNESSEE TENNESSEE REAL ESTATE APPRAISER COMMISSION APPRAISAL MANAGEMENT COMPANY REGISTRATION DEPARTMENT OF COMMERCE AND INSURANCE 500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243 Phone (615) 741-1831 Fax (615) 253-1692

http://tn.gov/commerce/boards/treac/index.shtml

* FOR OFFICE USE ONLY
Profession 1504
Tennessee Appraisal Management Company Registration Number:
APPRAISAL MANAGEMENT COMPANY NAME:
MAILING ADDRESS:
PHYSICAL BUSINESS ADDRESS (If different):
BUSINESS PHONE NUMBER:
BUSINESS E-MAIL ADDRESS:
WEBSITE:
CONTROLLING PERSON (REQUIRED):
CONTROLLING PERSON PHONE NUMBER:
CONTROLLING PERSON E-MAIL ADDRESS:

BIENNIAL CERTIFICATION AFFIDAVIT OF CONTROLLING PERSON

I,	, (Name of Controlling Person) do hereby certify
person/i registere crimina	m fully aware of my responsibilities under T.C.A. § 62-39-410 as the designated controlling managing Principal to ensure compliance with all applicable state laws and rules on behalf of the ed Appraisal Management Company's operation in Tennessee. I have never been convicted of a act involving moral turpitude. I have not had a license or certificate to act as an appraiser revoked or surrendered in lieu of disciplinary action in any state.
	braisal Management Company named in this application: Has a system and process in place to verify that all individuals added to the appraiser panel of the Appraisal Management Company for appraisal services to be performed in Tennessee holds a license or certification in good standing issued by the Tennessee Real Estate Appraiser Commission.
2)	Has a system and process in place to verify that an individual to whom the appraisal management company is making assignments for the completion of appraisals has not had a license or certification as an appraiser refused, denied, cancelled, revoked, or surrendered in lieu of a pending revocation.
3)	Has a system in place to review the work of all appraisers who are performing real estate appraisal services in Tennessee for the Appraisal Management Company on a periodic basis to validate that the real estate appraisal services are being conducted in accordance with USPAP, pursuant to T.C.A.§ 62-39-416.
4)	Maintains a detailed record of each service request that it receives for appraisal services within the state of Tennessee and the appraiser who performs the real estate appraisal services for the Appraisal Management Company, pursuant to § 62-39-417.
I,	, as controlling person,
the App	by certify that records of any appraisal activity conducted in the State of Tennessee which issues raisal Management Company registration will be kept at the following address:, and that they will be to the Commission, or the Commission staff or designee during normal business hours.
T.C.A. schanges notify the ownersh	that I have personally accepted the assigned responsibility of the controlling person as defined in § 62-39-402. If there is any change in my status as controlling person or if my contact information, I will notify the Real Estate Appraiser Commission within thirty (30) days of any change. I will be Commission within thirty (30) days of a change in the agent for service of process of record, or hip composition. The statements contained herein are true, accurate, and correct to the best of my lage and belief. I certify under the penalty of perjury that the foregoing is true and correct.
SIGNAT	TURE OF CONTROLLING PERSON PRINTED NAME OF CONTROLLING PERSON